

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588209

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT				AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.
							IND.	DEP.	IND.	DEP.	IND.
1	/						51				
2		/					52				
3		/					53				
4		/					54				
5		/					55				
6		/					56				
7		/					57				
8		/					58				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	4						TOTAL IND.				
TOTAL DEP.	18	←		←		←					
TOTAL CLAIMS	22						TOTAL DEP.				
							TOTAL CLAIMS				